



**CHANGE NAME OR ADDRESS FORM**

CONTRACT # \_\_\_\_\_  
OWNER \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ or EIN \_\_\_\_\_ - \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_ DAYTIME PHONE # ( ) \_\_\_\_\_  
ANNUITANT \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOINT OWNER/ANNUITANT (if Applicable) \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_

**NEW MAILING ADDRESS**

All communications concerning this contract are to be directed to the following new address and contact information  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
E-MAIL \_\_\_\_\_ DAYTIME PHONE # ( ) \_\_\_\_\_

**CORRECTION OR CHANGE OF NAME**

Please change the name of  Annuitant OR  Owner (if other than annuitant)  
FORMER NAME \_\_\_\_\_ NEW NAME \_\_\_\_\_

**The name change is requested due to:**

Marriage\*  Change by Court Order on \_\_\_\_\_ \*  
 Correction  Resumption of maiden name \*

DATE NAME CHANGED \_\_\_\_\_

\* Certified copy of court documentation required

Contract Owner/Annuitant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner/Annuitant/Spouse (Community Property\*) Signature \_\_\_\_\_ Date \_\_\_\_\_

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policy-owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

**NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.**